

RECEIVED
CENTRAL FAX CENTER

JAN 09 2007

FAX #: (571) 273-8300

Practitioner's Docket No. U 014996-9

PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ehud COHEN, et al
Serial No.: 10/761,005 Group No.: 3735
Filed: January 20, 2004 Examiner.: Navin Natnithithadha
For: LOW POWER CONSUMPTION IMPLANTABLE PRESSURE SENSOR

Commissioner of Patents and Trademarks
Alexandria, VA 22313-1450

NUMBER OF PAGES 2
(INCLUDING THIS PAGE)

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

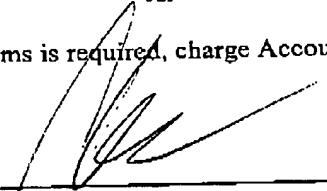
AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

☒ If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

☒ If any additional fee for claims is required, charge Account No. 12-0425.

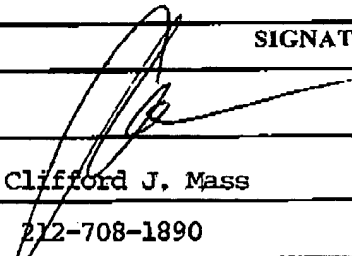

CLIFFORD J. MASS
LADAS & PARRY
26 WEST 61ST STREET
NEW YORK, NY 10023
REG. NO. 30,086 (212) 708-1890

Date: January 9, 2007

**RECEIVED
CENTRAL FAX CENTER****JAN 09 2007**

Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Ehud Cohen, et al					
Application No. 10/761,005					
Filed: January 20, 2004					
Title: LOW POWER CONSUMPTION IMPLANTABLE PRESSURE SENSOR					
Attorney Docket No. U 014996-9	Art Unit: 3735				
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td>Sanford T. Colb</td><td>26,856</td></tr></tbody></table>		Name	Registration Number	Sanford T. Colb	26,856
Name	Registration Number				
Sanford T. Colb	26,856				
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>					
SIGNATURE of Practitioner of Record					
Signature	 Date January 8, 2007				
Name	Clifford J. Mass Registration No., if applicable 30,086				
Telephone	212-708-1890				

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.06 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.